

AWM 2012 - HZM - 00038
 COUNTY OF SAN DIEGO
 DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES
 HAZARDOUS MATERIALS INVENTORY INSPECTION

Firm/Person Inspected <i>Armstrong Farms, Inc.</i>			Hazardous Material Number <i>199188</i>		
Mailing Address, City, Zip			Telephone Number (including area code)		
<div style="position: relative; height: 100px;"> ing <h1 style="margin: 0;">Ex. 6 Personal Privacy (PP)</h1> </div>					
Yes	N/A	This inspection reflects the requirements of the California Health and Safety Code [HSC]. To ensure that your business meets the requirements of SARA Title III, contact the San Diego County Department of Environmental Health (the administering agency).			
1. INVENTORY OF HAZARDOUS MATERIALS: [Section 25503.5, HSC]					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Hazardous Materials in excess of 55 gallons stored. <i>Propane</i>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Hazardous Materials in excess of 500 pounds stored.			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Hazardous Materials in excess of 200 cubic feet stored. <i>Acetylene & O₂</i>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Extremely Hazardous Substances (EHS) at or above Threshold Planning Quantity (TPQ).			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Carcinogenic/Reproductive Toxins (any amount) stored.			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Highly Toxic Compressed Gases (any amount) stored.			
Yes	No	N/A	HAZARDOUS MATERIALS BUSINESS PLAN REQUIREMENTS.		
2. EMERGENCY RESPONSE PLAN: [Section 25504(b), HSC]					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Notification procedures & list of phone numbers of appropriate agencies.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Procedures to follow in case of emergency (fire, spill, or other emergency) to minimize harm.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Evacuation plans & procedures for notifying persons on site described.		
3. EMPLOYEE TRAINING: [Section 25504(c), HSC]					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Procedures for safe handling of hazardous materials.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Procedures for coordinating with emergency response agencies.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Use of emergency response equipment and materials.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Emergency response plan implementation.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. EMERGENCY COORDINATOR: Name, address, phone number submitted/updated. [Section 25509(a)(7), HSC]		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. POSTING: Hazardous Materials Storage Area posted. [Section 25503.5(c)(5)(B), HSC]		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. SITE MAP: Available, accurate, and submitted with inventory. [Section 25509(a)(5), HSC]		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. INVENTORY: Amended to reflect changes within 30 days. [Section 25510, HSC]		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Annual Certification Statement submitted. [Section 25505(d), HSC]		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Annual Registration current. [San Diego County Administrative Code Section 364.4]		
		Total Items in Noncompliance(s)			
REMARKS:					
<input type="checkbox"/> Site Deactivated		<input type="checkbox"/> New Site		<input type="checkbox"/> Site Reactivated	
Follow Up Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Notice of Violation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		The noncompliance items noted above are violations and must be corrected by:	
<i>Melissa Silva</i> Enforcement Official Signature		<i>6/19/12</i> Date		<i>Alan [Signature]</i> Acknowledgement of Inspection	
				<i>6-19-12</i> Date	

Permit Type: HK07

Kiva PROJECT/SCOPE:6HKAG

199188

Thomas Bros: -1091-C4

PERMIT OWNER

OWNER: RYAN ARMSTRONG

APPLICANT

MAIL TO: RYAN ARMSTRONG

Ex. 6 Personal Privacy (PP)

ATTN:

PO BOX 2299

ARMSTRONG FARMS INC

VALLEY CENTER 92082-5862

PHONE: Ex. 6 Personal Privacy (PP)

Billing Contact Email:

INSPECTION CONTACT: RYAN ARMSTRONG

Permit Status **EXEM**

Expiration: 04-Nov-02

LAST INSPECTION: 16-Mar-10 6HAG3YR by GGRIFFIT

NEXT SCHED. INS 16-Mar-13

TYPE: 6HAG3YR

Inspection Communication	Y*/N*	Business Activity Last Insp:	Insp. Element KRONOS Code	Time Spent	Additional Facility Information
Date of Inspection: <u>6/19/12</u> Purpose of Inspection: (Choose 1) <input type="checkbox"/> 12 Month <input type="checkbox"/> 18 Month <input type="checkbox"/> 24 Month <input checked="" type="checkbox"/> 36 Month <input type="checkbox"/> New Permit <input type="checkbox"/> Complaint <input type="checkbox"/> Follow Up <input type="checkbox"/> Closure <input type="checkbox"/> EPIC +	Y	A Hazardous Materials	<input type="checkbox"/> 1000560 (GENRAL) <input type="checkbox"/> 1002342 (1 HM) <input type="checkbox"/> 1002339 (REMOTE)		HMBP Acceptance Date: 15-Apr-10 HMBP Certification Date 21-Jan-11 Fire District: P HIRT Site: Y
		B CalARP	<input type="checkbox"/> 1002408		
		C UST	1000561 <input type="checkbox"/> Completed below grade inspection		OP Permit: Exp: APN: 189-181-09-0 BOE:
		D APSA	<input type="checkbox"/> 10114341		Total Shell Capacity of Petroleum:
		E Hazardous Waste	<input type="checkbox"/> 1000559 (GENRAL) <input type="checkbox"/> 1002342 (1 HW) <input type="checkbox"/> 1002339 (PHOTO)		EPA ID
Schedule NEXT Insp on: <u>6/19/15</u> <input type="checkbox"/> Do Not Change Sch'd Inspection Schedule Inspection Type: <input type="checkbox"/> 12 Month <input type="checkbox"/> 18 Month <input type="checkbox"/> 24 Month <input checked="" type="checkbox"/> 36 Month <input type="checkbox"/> Follow Up		HW Onsite & Treatmnt	<input type="checkbox"/> 1002400 (CE) <input type="checkbox"/> 1002399 (CA) <input type="checkbox"/> 1002398 (PBR) <input type="checkbox"/> 1002401 (HHW)		Billed Tier:
		F SQG MW	<input type="checkbox"/> 1002336 (K10) <input type="checkbox"/> 1002337 (K11) <input type="checkbox"/> 1000558 (K58)		LQHE:
		SQG MW & TRTMT	<input type="checkbox"/> 1002338 (K12)		
		LQG MW	<input type="checkbox"/> 1000558		LQG MW Surcharge: EPIC+ Inspection:
		LQG MW & TRTMT	<input type="checkbox"/> 1000558		
Total Time:					

* Data in KIVA. If the field is empty, please check scanned files for a Unified Program Facility Permit application. If the file needs to be updated, obtain new "BUSINESS ACTIVITIES" form and any other required forms.

SPECIAL INSTRUCTIONS:☐ INACTIVATE☐ Add inventory item for Carcinogen and Repro Toxin Reporting List dated ____/____/____

EHS:

Date: ____/____/____

Unified Program Facility Report

Kiva PROJECT/SCOPE:6HKAG

199188EMERGENCY RESPONSE INFORMATION [PEOPLE]

NAME: RYAN ARMSTRONG	TITLE: GEN MGR
WORK PHONE: 760-749-1058	24 HOUR PHONE <div>Ex. 6 Personal Privacy (PP)</div>
PRIMARY EMERGENCY CONTACT	PROCESS DATE: 24-Jun-08

NAME: ALAN ARMSTRONG	TITLE: OWNER
WORK PHONE: 760-749-1058	24 HOUR PHONE <div>Ex. 6 Personal Privacy (PP)</div>
SECONDARY EMERGENCY CONTACT	PROCESS DATE: 24-Jun-08

EMERGENCY RESPONSE INFORMATION

NAME:	TITLE:
WORK PHONE:	HOME PHONE:
	PROCESS DATE:

Unified Program Facility Report

Kiva PROJECT/SCOPE:6HKAG

199188**INVENTORY***

CAS #	MAX DAILY AMT	AVG DAILY AMT	UNIT**	STR**	Federal Hazard Categories**	
74-86-2	240	120	CFT	CYLINDER	FIRE	PRESSURE RELEASE
CN HA EM ME*	ACETYLENE GAS					
FIELD NOTE:			Largest Container: 240		Trade Secret	BILL
CAS #	MAX DAILY AMT	AVG DAILY AMT	UNIT**	STR**	Federal Hazard Categories**	
CN HA EM ME*	CARCINOGENS &/OR REPRODUCTIVE TOXINS BELOW STATE DISCLOSURE AMTS ARE/MAY BE ON SITE					
FIELD NOTE:			Largest Container:		Trade Secret	BILL
CAS #	MAX DAILY AMT	AVG DAILY AMT	UNIT**	STR**	Federal Hazard Categories**	
8002-05-9	55	27.5	GAL	METAL DRUM	FIRE	ACUTE
CN HA EM ME*	HIGHLY REFINED MINERAL OIL MOTOR OIL					
FIELD NOTE:			Largest Container: 55		Trade Secret	BILL
CAS #	MAX DAILY AMT	AVG DAILY AMT	UNIT**	STR**	Federal Hazard Categories**	
7782-44-7	300	150	CFT	CYLINDER	PRESSURE RELEASE	ACUTE
CN HA EM ME*	OXYGEN GAS					
FIELD NOTE:			Largest Container: 300		Trade Secret	BILL
CAS #	MAX DAILY AMT	AVG DAILY AMT	UNIT**	STR**	Federal Hazard Categories**	
74-98-6	6,000	3,000	GAL	ABVG TNK	FIRE	ACUTE
CN HA EM ME*	PROPANE 1 X 3000 3 X 1000					
FIELD NOTE:			Largest Container:		Trade Secret	BILL

* The chemical name that appears in this report is a combination of Chemical Name and Common Name with a separation between the two.

** There may multiple selections listed for this item, check KIVA for details.

END OF INVENTORY



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

BUSINESS ACTIVITIES

Page of

I. FACILITY IDENTIFICATION

FACILITY ID #	3	7	0	0	0	1	9	9	1	8	1	EPA ID # (Hazardous Waste Only)	2
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)	3
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Armstrong Farms, Inc.

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).

Does your facility...	If Yes, please complete these pages of the UPCF....	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? Intend to upgrade existing or install new USTs? Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: —any tank capacity is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? Treat hazardous waste on site? Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? Consolidate hazardous waste generated at a remote site? Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A, B, C, D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS MEDICAL WASTE Generate <200 lbs/month of Medical/Biohazardous Waste? Generate ≥200 lbs/month of Medical/Biohazardous Waste? Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste Handle Toxic gases with threshold limit concentration (TLV) # 10 ppm in any quantity?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15

Ex. 6 Personal Privacy (PP)